Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3,

Date:	<u>07-01</u> -2009	Address:	127 W. <u>Ottawa St.</u>
Case #;	<u>16-19006</u>		Logansport, IN
County:	Cass (09)	•	
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outhuilding Vehicle	:heck all that apply)
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
⊠ Yes 20 □ No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen	☐ Ephedrin ☐ Retail/Mo ☑ Other:	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip ocation:
Fire Depart Health Dep Child Prote	ment: <u>Logansport Fire</u> artment: <u>Cass Conty</u> ction Service: <u>Cass County</u>	Fax: <u>574-7</u> Fax: <u>574-7</u> Fax: <u>574-</u> 7	22-3842 22-2286 22-2286
For further information regarding this methamphetamine laboratory, contact Investigating Officer: T.J. Zeiser Phone 765-473-6666			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.